

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS****Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>39475</u>		2. Exact name of the Corporation <u>Copretic Rudeg Elegant Jewelry</u>	
3. Principal office address <u>17 Peck St.</u>		City <u>Providence</u>	State <u>R.I.</u>
4. Business Phone No. <u>401-273-0470</u>		5. State of Incorporation <u>R.I.</u>	
6. Brief description of the character of business conducted in Rhode Island <u>453220 Sell repair Design Jewelry and related articles</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>Donald Bedner</u>		Vice-President Name	
Street Address <u>57 Thayer Olney Commons</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	City	State
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>same as above</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		<u>1000</u>	<u>COMMON</u>
		<u>NPV</u>	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative